U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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	For Official Use Only
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1. File Number **U** - **8353** 

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	01 / 01 / 2004 Through: 12 / 31 / 2004				
3. Name and address of person filing.	4. Name, file number, and address of labor organization.				
Name JOSEPH T MATTES!	Name TEAM STEPS LOCAL 272 (FBT)				
	Labor Organization File Number 010-930				
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any				
Street 210 CAROL AVENUE	Street 200 EAST 23 rd ST				
City PEZHAM	city NEW York				
State NEW York ZIP Code + 4 10803	State NEW Youle ZIP Code + 4 10010				
5. Position in labor organization.  WE PRESIDENT   BUSINESS ASSIST					
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):					
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.				
Name	de la constante de la constant				
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
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Street	····				
City	gen salva ta de mon de de proposante anos se consentante de se de mandre consentante de mandre de mandre de proposante de la composition de mandre de mandre de mandre de la composition de la consentante de mandre de la consentante del consentante de la consentante del consentante de la consentante de la consentante de la consentante d				
State ZIP Code + 4					
Signature					
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)					
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est.					
Name of Person Filing 78894" T MATTES	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value <b>from a business</b> (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).	9. Business deals with:				
Name ICC OAPITAL MANEGUENT	a. Labor Organization				
P.O. Box, Bldg., Room No., if any	b. Trust				
Street 390 NONTH ONANGE AVE 27 PZ.	c. Employer				
City OPLANDO					
State FLORIDA ZIP Code + 4 3080/					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name LOCAL 272 NEZPARE TRUST	INVESTMENT ADVISOR FOR PRIATED WELFARE FUND				
Trade Name, if any:	FUND				
P.O. Box, Bldg., Room No., if any Street 220 EAST 23 d SNOCET					
City ARN York	11.b. Approximate dollar value of such dealing.				
State NEW YORK ZIP Code + 4 /08/0	12.a. Nature of interest held or income received.  DINNER MEETING AT				
to Commence retractive per agree of the encounterpart production of the encounterpart and the encounterpart an	JEAMSTERS UNITY				
	CONFERENCE NAY 2004				
	12.b. Amount. \$ 250.00				
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name .					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
City					

14.b. Amount of payment.

13.b. Is the Business an Employer

or Consultant

Name of Person Filing TOSEPH T MATTES		File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value <b>from a business</b> (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).  Name LOCAL 272 PENSION & WELFANE  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street JOOLAST J314 SMAET  City NEW YORK  State NEW YORK  ZIP Code + 4 / 0010	9. Business deals with:  a. Labor Organiza  b. Trust  c. Employer	tion			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali				
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	NELANED	FUND ? PENSION			
Street	11.b. Approximate dollar valu	le of such dealing. #15, 700,000,000			
City	12.a. Nature of interest held	Grandonina francisco francisco francisco francisco francisco de mario de ma			
State ZIP Code + 4	INTERNA	JAL CONFERENCE ATTONAL BONGT I DATTON - NEW ORLEANS			
	12.b. Amount.	\$ 1310.00			
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.				
Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name	14.a. Nature of payment.				
Name	WATER	THE ADMINISTRATION OF			
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any	out for reconstitutions.	American			
Street	Headdanionich	Expression 1			
State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.				